CTATEMENT OF ODCAMIZATION		OFFICE USE ONLY
STATEMENT OF ORGANIZA	ATION	
1. Name and Address of Committee	2. Date of this Statement	PAC
	1/13/2011	5/0
Jefferson Chamber PAC, Inc. 3421 N. Causeway Blvd. Suite 203	3. Estimated Membership	1/25
		0
Metairie, LA 70002	100 4. Amended Statement?	6 22
Check If:	4. Amended Statement?	K# 0031
New Committee Monthly Filer	Yes _x_No	0#1111
5. All Committee Officers and Directors (including Chairperson, Treasure	r, if any, and any other committee off	icers and directors)
a. Name b. <u>Position</u>	c. Address	
Polly Thomas Chairperson	3230 Metairie Co	urt Metairie, LA 70002
Philip W. Rebowe Treasurer	3501 N. Causeway Metairie, LA 70	Blvd. Suite 810
Affiliated Organizations (Any organization, other than a political committee, which directly or in-	directly established, administers, or fi	nancially supports this committee.)
a. Name b. Address		Relationship to Committee
The substitute of the substitu		
, none		JUN 1320/
none		Hv
All Depositories for Committee Funds (committee funds must be depositude.)	sited in one or more banks or savings	s and loan institutions or hopey market mutual SCANNED *
a. <u>Name</u> b. <u>Address</u>		FEB 9 - 2011
Regions Bank 2121 Airline	Dr. Suiite 100	
Metairie, LA		Ву:
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one:Principal Campaign CommitteeSubsidiary Committee		
b. Name of Candidate		c. Office Sought by the Candidate
b. Name of Candidate		c. Office Sought by the Candidate
		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report		c. Office Sought by the Candidate
9. a. Name of Person Preparing Report b. Daytime Telephone Allison Brown	(504) 837-9116	
9. a. Name of Person Preparing Report		
9. a. Name of Person Preparing Report b. Daytime Telephone Allison Brown 10. WE HEREBY CERTIFY that the information contained in this STATES and belief.	MENT OF ORGANIZATION is true an	
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9. a. Name of Person Preparing Report b. Daytime Telephone Allison Brown 10. WE HEREBY CERTIFY that the information contained in this STATES and belief.	MENT OF ORGANIZATION is true an	d correct to the best of our knowledge, information
9. a. Name of Person Preparing Report b. Daytime Telephone Allison Brown 10. WE HEREBY CERTIFY that the information contained in this STATES and belief.	MENT OF ORGANIZATION is true an	
9. a. Name of Person Preparing Report b. Daytime Telephone Allison Brown 10. WE HEREBY CERTIFY that the information contained in this STATES and belief. This 13 day of January 201	MENT OF ORGANIZATION is true an	d correct to the best of our knowledge, information